STATEMENT OF
RICK SURRATT
DEPUTY NATIONAL LEGISLATIVE DIRECTOR
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON BENEFITS
APRIL 10, 2003

Mr. Chairman and Members of the Subcommittee:

I am pleased to present the views of the Disabled American Veterans (DAV) on the six bills under consideration in today's hearing. These bills concern benefits for some of our most deserving beneficiaries—prisoners of war, disabled veterans and their survivors, and veterans' children afflicted with spina bifida related to the veterans' exposure to Vietnam-era herbicide agents during their service in the Armed Forces. The DAV supports most of the provisions in these bills. However, we have some concerns about the appropriateness of some measures, and we strongly object to a provision that would take benefits away from disabled veterans and former prisoners of war.

H.R. 241

The short title of H.R. 241, the Veterans Beneficiary Fairness Act of 2003, aptly states its meritorious purpose. Recognizing the serious inequity in current law, House Veterans' Affairs Committee Chairman Chris Smith and Ranking Democratic Member Lane Evans introduced this bill to repeal provisions that impose a 2-year limitation on retroactive benefits payable to an eligible survivor by reason of death of the entitled beneficiary before adjudication can be finalized or payment can be disbursed. Section 5121 of title 38, United States Code, authorizes the Department of Veterans Affairs (VA) to pay to immediate surviving family members the benefits due a veteran or due an eligible dependent at the time of death, but the statute restricts payment to those benefits "due and unpaid for a period not to exceed two years."

Other than an arbitrary limitation, there is no rational basis to pay benefits for a fixed period that is less than the period for which benefits are actually and rightfully due. No circumstances or factors inherent in the merits of the matter warrant nullification of all a veteran's entitlement to benefits except for the 2 years immediately preceding death simply because, by the chance of time and perhaps administrative variations, a veteran's death occurs before VA can issue payment of all benefits owed.

Workload variations and differentials in efficiency between VA field offices can result in different outcomes and unequal treatment of identically situated survivors. The widow of one veteran might get the benefit of a full retroactive award because the VA regional office decided the veteran's claim and made full payment of all amounts due to the veteran just a day or so before the veteran's demise, while the unfortunate widow of another veteran may get the benefit

of only a 2-year retroactive award because her regional office took enough extra days to dispose of the claim that the veteran's death occurred before VA could pay him the benefits he was due. Although the same as the first widow in all respects, the second widow's accrued benefits would be subject to the 2-year limitation solely because of administrative variations.

With the persistence of high error rates in VA's adjudication of claims, correct decisions only follow from appeals that take years, in many instances. With an aging veteran population and protracted claims and appeals processing times, seriously ill and aged veterans may die before VA can properly finalize their claims. Because effective dates for beginning benefit entitlement are tied to the dates veterans file their claims, retroactive awards spanning more than 2 years almost always occur because of some administrative error or delay beyond the veteran's control.

Compensation and other benefits provide economic assistance for loss of earning power or other reasons. To the extent the veteran was deprived of the income from benefits due, his or her immediate family members are also deprived of the value of that income. A surviving spouse or child, who shared and suffered the effects of economic deprivation for an extended period while the claim was pending, should not be barred from receipt of a substantial portion of the relief the veteran would have received but for his or her death merely because the veteran did not live long enough to see his or her claim properly resolved by VA.

To remedy this injustice, H.R. 241 strikes from section 5121 the limiting phrase "for a period not to exceed two years," thereby authorizing payment of all accrued benefits to eligible family members. This legislation addresses DAV Resolution No. 22 that calls for repeal of the limitation on payment of accrued benefits and a recommendation by *The Independent Budget* that Congress remove this unfair restriction. Accordingly, the DAV fully supports H.R. 241 and urges the Subcommittee to favorably report the bill for action by the full Committee. I also want to take this opportunity to thank Chairman Smith and Ranking Member Evans for their introduction of this measure.

H.R. 533

Along with several cosponsors, Congressman Evans introduced The Agent Orange Veterans' Disabled Children's Benefits Act of 2003, H.R. 533, to extend benefits for spina bifida to children of veterans who were exposed to Vietnam-era herbicide agents in places other than Vietnam. Currently, these benefits are available only to children suffering from spina bifida related to a parent's exposure to herbicides in Vietnam. The DAV does not have a mandate from its membership on this issue and therefore does not have a position. However, we note, as a matter of fundamental fairness, benefits provided on account of exposure to herbicides should not be granted one group and denied another solely because those in the first group were exposed in Vietnam and members of the second group were exposed elsewhere. We understand that this bill would expand eligibility to only a small but deserving number of veterans' children, but the purpose of the bill is a compelling one nonetheless.

H.R. 761

Ranking Democratic Member Evans, along with Chairman Smith and several other members, introduced H.R. 761, the Disabled Servicemembers Adapted Housing Assistance Act of 2003, to make housing and home adaptation grants better serve their intended purposes. For veterans with service-connected disabilities consisting of certain combinations of loss or loss of use of extremities or loss or loss of use of extremities and blindness or other injuries or organic diseases, VA is authorized to provide grants for the construction or purchase of specially adapted homes. For veterans with service-connected blindness or with loss or loss of use of both upper extremities, VA is authorized to provide a home adaptation grant. This bill would amend section 2101 of title 38, United States Code, to authorize this same assistance to persons with qualifying service-related disabilities who have not attained veteran status because they are awaiting medical separation from the Armed Forces.

Disabled servicemembers may remain hospitalized for extended periods of time. No practical purpose is served by delaying assistance with specially adapted housing until an otherwise entitled servicemember technically becomes a veteran. An award while the servicemember is awaiting military separation would aid in speeding transition into independent living. *The Independent Budget* recommends this legislation, and the DAV strongly supports it.

H.R. 850

Congressman Mike Simpson and several cosponsors introduced H.R. 850, the Former Prisoners of War Special Compensation Act of 2003. As the short title indicates, this bill would establish a special compensation benefit for former prisoners of war. For servicemembers and veterans who were held as prisoners of war (POWs) for at least 30 days, monthly benefits would be paid at three different rates, based upon the length of time an individual was in POW status. Those held 30 to 120 days would receive $150 monthly; those held 121 to 540 days would receive $300; and those held more than 540 days would receive $450. This special compensation would not be considered income or resources for purposes of determining eligibility to any other Federal or federally funded program and would not be subject to attachment, execution, levy, tax lien, or detention under any process whatever.

In addition to special compensation for POWs, the bill would remove the requirement that a POW must have been a prisoner of war for not less than 90-days to be eligible for VA dental care. This provision addresses a legislative proposal in the VA budget for fiscal year (FY) 2004.

Also in response to a legislative proposal in the VA budget, the bill would amend the law to prohibit compensation for disability from alcohol or drug abuse that was caused by a service-connected disability. Currently, the law bars compensation for disability that is the result of abuse of alcohol or drugs, except when alcohol or drug abuse is secondary to a service-connected disability. Unlike the other provisions of the bill, which are beneficial to POWs, this provision in H.R. 850 is not specifically related to POW benefits, although it will adversely affect some disabled POWs as it does other disabled veterans.

Veterans in no other group as a whole have borne a greater burden on behalf of our Nation and deserve more in return than our former POWs. Many suffered unimaginable horrors from torture, humiliation, other physical and psychological trauma and abuse, deprivation, isolation, and malnutrition. In addition to the effects of physical and mental trauma, many suffered from diseases caused by unsanitary conditions and inadequate diets. Many, perhaps, never fully recover from a life experience that is far more traumatic than most in society ever have to endure. The families of POWs also suffer, especially families of those confined for long periods of time under uncertain circumstances, families of those who never recover after they return to civilian lives, and the families of those who never return at all. To the extent we can provide former POWs benefits that address their special needs or afford some general recompense in proportion to their suffering and sacrifices, we should never hesitate to do so, but the special benefits we provide should have some equitable correlation to their degree of sacrifice.

Although the DAV fully supports, in principle, special compensation for former POWs, we have some doubts about the appropriateness of the formula in H.R. 850 under which special compensation would be provided. The three tiers of monthly benefit rates appear to be designed to provide higher monetary amounts for longer periods of confinement, i.e., $150 for 30-120 days, $300 for 121-540 days, and a maximum of $450 for any number of days in excess of 540. A former POW imprisoned for 30 days would receive the same monthly rate as a POW imprisoned 120 days, or four times as long. A former POW imprisoned for 120 days would receive $150 monthly while a former POW imprisoned 1 day longer would receive $300, or twice as much. A former POW who was confined 121 days, or roughly 4 months, would receive $300, while a former POW imprisoned 540 days, or 18 months, would also only receive $300. A former POW who was detained or interned for 121 days would receive $300 while a former POW imprisoned for any period more than 540 days would receive $450, only $150 more per month.

At a monthly rate of $150, the former POW held for 30 days would receive $5 monthly for each day of confinement. A former POW held for 120 days would receive $1.25 for each day of confinement, while a former POW held for 121 days would receive $2.47 for each day of confinement. A former POW held for 540 days, or 18 times as long as a 30-day POW, would receive only $0.55 for each day of confinement, as compared with $5 per day for the 30-day POW. A POW held for 541 days would receive $0.83 for each day of confinement, with that rate per day of confinement dropping with each additional day after 541 days.

According to VA statistics, there were 42,781 living former POWs as of January 1, 2002. Data from the VA in a report entitled "Study of Former Prisoners of War" from the Studies and Analysis Service of the Office of Planning and Program Evaluation, shows the estimated average length of internment of World War II POWs in Europe as 347 days or .95 years; World War II POWs in the Pacific, 1,148 days or 3.15 years; and the Korean Conflict, 737 days or 2.02 years. This report notes that the 82 crew members of the naval intelligence ship U.S.S. *Pueblo* were interned by North Korea for 11 months. Although the report does not provide average internment times for Vietnam veterans, it acknowledges that they were held "longer than any other POW group—up to seven years." However, Navy pilot, Everett Alverez, was imprisoned

by North Vietnam for more than eight and a half years. Under the formula in H.R. 850, he would receive a few pennies a month for each day of his captivity. Moreover, this formula provides no special benefit for the families of the hundreds of heroic POWs who died in captivity, and thus made the ultimate sacrifice.

Any special benefit for former POWs that differentiates between groups and provides different benefit rates according to the time they were held as POWs should have a more meaningful correlation to their degree of sacrifice and suffering and be money well-spent by grateful American taxpayers. The three classifications and benefit rates for POWs in H.R. 850 do not equitably compensate POWs proportionate to their varying lengths of detainment or internment.

The removal of the 90-day internment or detainment eligibility threshold for dental care is straightforward, however, and makes requirements for dental care consistent with requirements for other medical services provided to POWs.

Generosity to POWs commensurate with their service to the Nation is commendable, but the provisions to bar compensation for the effects of secondary service-connected disabilities from alcohol abuse blemish this otherwise benevolent and well-intentioned bill for POWs. In seeking this change, VA ignores the distinction between alcohol abuse arising from the use of alcohol to enjoy its intoxicating effects and alcohol abuse that results from a service-connected disability. A review of the pertinent statutory and regulatory provisions is helpful to understanding this issue.

Under general provisions of law, a disability incurred during active military, naval, or air service is deemed to have been incurred in the line of duty unless the disability was the result of the affected person's own willful misconduct. Under section 3.310(a) of title 38, Code of Federal Regulations, "disability which is proximately due to or the result of a service-connected disease or injury shall be service connected," and when "service connection is thus established for a secondary condition, the secondary condition shall be considered a part of the original condition."

In section 8052 of Public Law 101-508, the Omnibus Budget Reconciliation Act of 1990, Congress amended section 105 of title 38, United States Code, regarding line of duty and misconduct, and sections 1110 and 1131 of that title, that govern payment of wartime and peacetime disability compensation, to provide that, in addition to disabilities resulting from willful misconduct, disabilities from abuse of alcohol and drugs are not in the line of duty and that compensation shall not be paid for disability that is a result of the veteran's abuse of alcohol or drugs.

To implement these statutory changes, VA published its proposed rule in the *Federal Register* on March 1, 1994. In response, the DAV reminded VA, as already provided in its own instructions in a circular and its adjudication manual, that the changes in law did not apply to alcohol-related disabilities where the alcohol abuse is a manifestation of a service-connected disability, such as posttraumatic stress disorder, or where drug abuse arises out of therapy for a service-connected disability. We recommended that these circular and manual instructions be

included in the new regulations. With the publication of its final rule in the *Federal Register* on May 24, 1995, VA addressed our comment in the preamble:

> The same commenter noted that the *Veterans Benefits Administration Manual M 21-1* and VBA Circular 21-90-12 provide that alcohol- or drug-related disabilities will be considered service-connected if alcohol abuse is a manifestation of a service-connected disability such as post traumatic stress disorder, or if drug abuse arose out of therapy for a service-connected disability. He stated that these are substantive rules that should be included in the amendment to § 3.301.
>
> The manual and circular provisions which the commenter cited are examples of the application of 38 CFR 3.310(a), which provides that disability that is proximately due to or the result of a service-connected disease or injury shall be service-connected and that when service connection is thus established for a secondary condition the secondary condition shall be considered a part of the original condition. In circumstances such as those raised by the commenter, VA is required by § 3.310(a) to consider conditions that it has determined are secondary to a service-connected condition to be part of that service-connected condition rather than a result of the abuse of alcohol or drugs. Since that requirement is established elsewhere in VA's regulations, it is unnecessary to incorporate those provisions into § 3.301.

VA therefore declined to incorporate its circular and manual provisions in the rule because section 3.310(a) already addressed this matter adequately, according to VA. VA's circular and manual provisions initially implementing Public Law 101-508, as reinforced by its comments in conjunction with its final rule, indicated that it interpreted the changes in Public Law 101-508 as inapplicable to alcohol abuse secondary to a service-connected disability. In the final rule, VA's definition of drug abuse, codified at 38 C.F.R. § 3.301(d), explicitly excluded addiction or the effects of drug use arising out of treatment of a service-connected disability but did not expressly exclude alcohol-related disability secondary to a service-connected disability. As noted, VA argued that section 3.310(a) adequately addressed this. The definition provided:

> For the purpose of this paragraph, alcohol abuse means the use of alcoholic beverages over time, or such excessive use at any one time, sufficient to cause disability to or death of the user; drug abuse means the use of illegal drugs (including prescription drugs that are illegally or illicitly obtained), the intentional use of prescription or non-prescription drugs for a purpose other than the medically intended use, or the use of substances other than alcohol to enjoy their intoxicating effects.

Without addressing or explaining why it believed its original interpretation was wrong, VA later took the position that Public Law 101-508 prohibits compensation for alcohol abuse even when due to a service-connected disability. In an April 7, 1997, letter to the VA General Counsel, Congressman Lane Evans advised VA that it was not the intent of Congress in Public Law 101-508 to bar compensation for alcohol-related disabilities when such disabilities are

secondary to another service-connected disability. Congressman Evans said: "Where the addiction results from the medical condition incurred or aggravated during military service, Public Law 101-508 was not intended to preclude payment of benefits."

In *Allen v. Principi*, 237 F.3d 1368 (Fed. Cir. 2001), the court agreed with DAV's argument that the law does not bar compensation for disability from alcohol abuse when caused by a service-connected disability, and an expanded panel of judges, finding VA's argument unpersuasive, rejected VA's request that the court rehear the case. Having had its erroneous interpretation against veterans set aside by the Court and having apparently determined it unlikely that further appeal would be successful, VA now looks to Congress to reinstate its incorrect view of the law. Congress should reject VA's recommendation.

Although VA's Veterans Health Administration (VHA) is a recognized leading authority in research on and treatment of PTSD, and thus possesses extensive information and insight into the relationship between PTSD and alcohol abuse, VA's leadership and its Veterans Benefits Administration (VBA) apparently understand little about the subject, despite much puffing about the "One-VA" concept. Even before the American Psychiatric Association recognized PTSD as a distinct psychiatric disorder in 1980, those counseling Vietnam veterans suffering from its symptoms recognized alcohol abuse as a frequent component. Studies from the 1970s and later revealed that Vietnam combat veterans exhibited substantially higher levels of alcohol consumption than other veterans and nonveterans and that many combat veterans appeared to use alcohol as anti-anxiety agent to induce a form of "psychic numbing." It was observed that many combat veterans appeared to be "self-medicating" with alcohol to suppress PTSD symptoms.

Numerous studies about the relationship between psychiatric disorders, particularly PTSD, and alcohol abuse have been conducted, and VA's own National Center for PTSD recognizes the relationship. From the Center's Internet website at www.ncptsd.org, a number of fact sheets, articles, and clinical newsletters about PTSD and alcohol may be accessed. One entitled "Effects of Traumatic Experiences: A National Center for PTSD Fact Sheet," explains under the heading "How Do Traumatic Experiences Affect People?" that trauma survivors "may turn to drugs or alcohol to make them feel better." Under the heading "What are the Common Basic Effects of Trauma?" and subheading, "All of these problems can be secondary or associated trauma symptoms," the fact sheet states:

> **Alcohol and/or drug abuse:** can happen when a person wants to avoid bad feelings that come with PTSD symptoms, or when things that happened at the time of the trauma lead a person to take drugs. This is a common way to cope with upsetting trauma symptoms, but it actually leads to more problems.

Another fact sheet entitled "PTSD and Problems with Alcohol Use" observes:

> Sixty to eighty percent of Vietnam veterans seeking PTSD treatment have alcohol use disorders. Veterans over the age of 65 with PTSD are at increased risk for attempted suicide if they also experience problematic alcohol use or depression. War veterans diagnosed with PTSD and alcohol use tend to be binge drinkers. Binges may be in reaction to memories or reminders of trauma.

Other articles by various authors on the subject accessible from the Center website include the following:

- PTSD and Substance Abuse: Clinical Assessment Considerations
- Dual Diagnosis: PTSD and Alcohol Abuse
- Chronic PTSD in Vietnam Combat Veterans: Course of Illness and Substance Abuse
- Substance abuse and post-traumatic stress disorder comorbidity
- Post-Traumatic Stress Disorder and Comorbidity: Psychological Approaches to Differential Diagnosis

Under an article titled "Identifying the PTSD paradox," in the current issue of the *Vet Center Voice*, published by VA's Readjustment Counseling Service, the author presents "models" related to PTSD and its treatment. "Model A" lists "Self-medicate" as the first feature of avoidance devices and symptoms. The author, a PTSD treatment team leader at a VA Vet Center, explains in the introduction how the veteran may be unable to escape the trauma of the past and become entrapped by PTSD symptoms and consequent alcohol abuse:

> Other veterans, however, continue to experience distress as they go through life, as if they must continue to live today under the rules and regulations that were imposed upon them in the past, during moments of trauma. Not only do some veterans continue to live in the past, but new learning in the present seems to have come to a standstill: today is just like yesterday which is just like 30 years ago; there are no differences—"I am my trauma; I am my PTSD." The self becomes enmeshed with the past, exposure to traumatic events, and PTSD symptoms in the presence of such distortions. The self is surrounded by a layer of trauma, followed by a layer of PTSD symptoms, followed in some cases by a layer of substance abuse. Reins of control are in the hands of PTSD. Under these conditions, a relationship in the present with others and life and living is difficult and distressing. Indeed, a relationship with the past, trauma, and PTSD is maintained to the exclusion of one's relationship with life today and living in the present.

Under his discussion of "Model B," the author explains: "Hyperarousal also contributes to cognitive distortions, heightened emotionality and maladaptive behaviors such as aggression, isolation, sleep disturbance, lack of concentration and self-medication." Under another model, the "Negative SORC" (Situation, Organism, Reaction, Consequences), the author shows how an individual with PTSD might react to a negative event with emotional symptoms, and negative reactions, such as to "Start drinking."

The VA's 1985 edition of the *Physician's Guide for Disability Evaluation Examinations* stated that substance abuse "may be either primary, or secondary to posttraumatic stress disorder." The *Clinicians' Guide* that replaced it states that PTSD "may occur as a result of

PTSD" and "when a veteran's alcohol or drug abuse is secondary to or is caused or aggravated by a primary service-connected disorder, the veteran may be entitled to compensation." Among other things, the *Clinicians' Guide* instructs examiners to explain why "substance abuse had onset after PTSD and clearly is a means of coping with PTSD symptoms."

Many former POWs suffer from PTSD and other psychiatric disorders. These conditions are so common in POWs that anxiety, depressive, and psychotic disorders affecting former POWs are presumed service connected under section 1112 of title 38, United States Code. This provision in H.R. 850 will prohibit them from being compensated for the effects of alcohol-related disabilities caused by PTSD.

The fact sheet quoted above, "PTSD and Problems with Alcohol Use," states: "Women exposed to trauma show an increased risk for an alcohol use disorder even if they are not experiencing PTSD. Women with problematic alcohol use are more likely than other women to have been sexually abused at some point in their lives." If our women POWs in Iraq are raped, humiliated, and brutalized by an unprincipled, undisciplined Iraqi force, will we treat them as undeserving if they come home with PTSD and abuse alcohol to escape the unforgettable horrors of their experiences? Will they then become victims of the insensitivity of our own government?

Obviously, this provision to prohibit compensation for alcohol abuse, included in H.R. 850 at the urging of VA, does not have recognized medical principles and fair and equitable treatment of veterans as its bases. Regrettably, this recommendation reflects very negatively upon the agency that is charged with understanding and having insight into the effects of trauma and severe disabilities upon veterans. It evidences a narrow-minded insensitivity to the real nature of the effects of severe trauma and severe disability upon young men and women who bear these extraordinary burdens and suffer these extremely traumatic experiences. We oppose such an unwarranted, inequitable change in the strongest possible terms, and we urge that this Subcommittee not report H.R. 850 to the full Committee with this objectionable provision included.

It merits mentioning here that Congressman Michael Bilirakis, a member of the House Veterans' Affairs Committee, introduced H.R. 348 to improve benefits for former POWs. In addition to provisions to eliminate the minimum 90-day internment requirement for eligibility for dental care, the bill eliminates the currently required 30-day minimum period of internment for the presumption of service connection for POW-related diseases, adds other conditions to the list of recognized POW diseases subject to presumptive service connection, and requires the Secretary of Veterans Affairs to add other diseases to the list when warranted. This bill does not include provisions to prohibit compensation for alcohol abuse.

Congressman Tim Holden introduced H.R. 886 to extend to survivors of totally disabled POWs whose death occurred on or before September 30, 1999, the same entitlement to dependency and indemnity compensation (DIC) applicable to survivors of totally disabled POWs whose death occurred after that date. This bill does not contain provisions to take away benefits from disabled veterans and former POWs who suffer from alcohol-related disabilities secondary to other service-connected conditions.

Both of these bills have laudable purposes, without other objectionable provisions, and we urge the Subcommittee to give them consideration.

H.R. 966

Congressman Henry E. Brown, Jr., introduced H.R. 966, the Disabled Veterans' Return-to-Work Act of 2003, with cosponsorship by Congressman Ciro D. Rodriguez, Committee Chairman Smith, and Ranking Democratic Member Evans. The bill would revive a previous vocational training program for veterans receiving disability pension to rehabilitate them for employment where potential for achieving employment exists.

The DAV has no mandate from its membership on this bill, which pertains to veterans totally disabled by nonservice-connected causes, and we therefore have no position on it though it has a meritorious goal. We suspect, however, that veterans who receive disability pension are typically more disadvantaged than most veterans by reason of limited educational and vocational backgrounds. Of the nearly 340,000 veterans projected to be on the disability pension roles in FY 2004, many are older veterans. The median age of the largest group of living wartime veterans, Vietnam veterans, is 55. The median age of Korean veterans is 71, and the median age of World War II veterans is 79. These factors may limit the number of veterans who would benefit from vocational training. Though the rehabilitation and reemployment of even a small number of veterans may be deemed a success, the program may not be cost-effective, overall. VA should be able to provide data on the veterans potentially affected and on the extent of success of the program when it previously was in operation.

H.R. 1048

Congressman Brown also introduced H.R. 1048 with original cosponsorship from Congressman Rodriguez, Chairman Smith, and Ranking Democratic Member Evans. This bill would increase the specially adapted housing grant from $48,000 to $50,000, the special home adaptation grant from $9,250 to $10,000, and the automobile grant for disabled veterans from $9,000 to $11,000. These three adjustments partially fulfill recommendations by *The Independent Budget*, as well as DAV Resolution No. 211, supporting an increase in the automobile grant, and DAV Resolution No. 136, supporting an increase in the specially adapted housing and home adaptation grants. The DAV fully supports H.R. 1048.

CLOSING

To the extent that DAV supports them, we urge the Subcommittee to favorably report these bills. We appreciate the efforts of the various members who introduced and cosponsored these bills to improve benefits and services for veterans, their dependents, and their survivors. We appreciate this Subcommittee's consideration of these bills and thank the members of the Subcommittee for hearing and considering the views of the DAV.